

ALABAMA'S

A PUBLICATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

HEALTH

VOLUME 39

NUMBER 6

MARCH 2006

Cribs for Kids addresses causes of infant death

The tragedy of finding your sleeping infant not breathing is a fear that has crossed the mind of every parent. But for a number of families in Alabama, this tragedy becomes a reality. Although SIDS deaths around the country are decreasing, many infants are still dying while asleep. *Cribs for Kids* is a new pilot program designed to address the causes of infant death during sleep by providing infants with the safest sleeping experience possible.

The Alabama Child Death Review System (ACDRS) discovered there are several reasons why infants die while asleep: inappropriate sleeping environments, incorrect sleeping positions, and accidental smothering by adults, other children or objects.

"Babies are not designed to sleep on adult mattresses, pillows, recliners or couches," said Bob Hinds, director of the ACDRS. "Unfortunately, babies are sleeping in adult beds in many cases because of either convenience or lack of sufficient resources to provide the infant with a separate crib."

Hinds found that this was not just an issue in Alabama. Other states were having a similar problem. While researching ways to address the problem, Hinds found an innovative program in Pennsylvania called *Cribs for Kids* that was experiencing substantial success in preventing both SIDS and other infant deaths.

The program provides cribs and safe sleeping habit education to low-income parents. Program participants have seen a 50 percent decrease in infant deaths in Pennsylvania over the past 10 years. Hinds decided to start a *Cribs for Kids* program in Alabama.

The plan for the Alabama *Cribs for Kids* program was to start a pilot program in Montgomery County to prove its value. Then to identify local, volunteer organizations to take over the funding of the Montgomery program so ACDRS could start additional pilot programs in other communities around the state.

The first step was to find a way to identify potential clients. That's when the Gift of Life Foundation came into the picture. Gift of Life is a non-profit organization created in 1988 to address issues contributing to high infant mortality rate and increasing teen pregnancy. The program works in a large area of our state, which includes Autauga, Elmore, Lowndes and Montgomery counties. The foundation provides comprehensive and coordinated obstetrical education and care to low-income women in these areas.

"It only made sense that we partner with such an organization as the Gift of Life. They make contact with prospective parents who fit within the target economic range. They counsel women before they give birth and continue up to two months after delivery. Their system allows us to track the use of the cribs and whether or not parents are using the information they are given." said



Shown above is an example of how an infant should lie on his or her back when sleeping.

Cribs for Kids.....continued on page 2

Hinds. "Other states have to create an organization to accomplish this."

The foundation also provides storage for the cribs that the program distributes. The type of crib used in the program was selected with the clients in mind. Because many low-income families tend to be mobile, the crib is a Graco Pack 'n Play™ crib that is very portable and moves easily from one place to the next. It also has the added features of having an attached bassinet and a revolving mobile on top.

To be enrolled in the program parents must be at or below the poverty level and have high-risk factors which contribute to SIDS or unsafe sleeping experiences. Once a parent is enrolled in the program, the Gift of Life Foundation provides a comprehensive informational session about how to reduce incidents of suffocation, SIDS and rollovers. The session also focuses on safe sleeping habits such as making sure the infant lies on his or her back when sleeping.

"This is a very difficult message to get across to parents, but a very important one. Traditionally, people believed that a baby should lie on its stomach or side when sleeping. But numerous studies have shown that the safest way for a baby to sleep is on its back," said Hinds.

Upon completion of the informational session, the parent is issued a voucher for the portable crib supplied by the ACDRS. The cribs are distributed from the foundation's administrative office where the parent is

shown how to set up and take down the crib. Additional training is given on how and when the crib should be used. Approximately 60 days after the mother receives the crib, she is contacted by the Gift of Life to ensure that the crib is being used properly and that the family is complying with safe sleeping habits for the infant.

"Our ultimate goal is to reduce the numbers of bed-sharing deaths in the state," said Hinds. "But, even if we save just one baby, all the money and all the training we are providing will be very well worth it."

The pilot program has been in Montgomery since August 2005 and it has proven itself extremely valuable. Once local groups are identified who would like to take over the funding of the Montgomery County program, ACDRS is ready to start new pilot programs in Anniston and Mobile, and other counties.

For more information about the Montgomery County *Cribs for Kids* program please contact Martha Jinright, Executive Director, The Gift of Life Foundation, at 334-272-1820 or marthajinright@aol.com. Or if you are interested in starting a *Cribs for Kids* program in your community, please contact Bob Hinds, Director, ACDRS, at 334-206-2938 or bhinds@adph.state.al.us.

By *TAKENYA S. TAYLOR*

Alabama Department of Public Health
Mission
 To serve the people of Alabama by assuring conditions in which they can be healthy.
Value Statement
 The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.
 The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring quality services.

ALABAMA'S HEALTH

Alabama's Health is an official monthly publication of the Alabama Department of Public Health, Bureau of Health Promotion and Chronic Disease. If you would like to receive the publication or wish to submit information for future articles, please telephone requests to (334) 206-5300. Articles may be reprinted provided credit is given to the Alabama Department of Public Health. The department's Web site is <<http://www.adph.org>>

- Donald E. Williamson, M.D. State Health Officer
- Jim McVay, Dr. P.A. Director, Bureau of Health Promotion and Chronic Disease
- Arrol Sheehan, M.A. Editor
- Takenya S. Taylor, J.D. Contributing Editor
- Toni Prater Graphic Designer

Informational materials in alternative formats will be made available upon request.

Wellness advocates become lay educators to address diabetes in Alabama

The Centers for Disease Control and Prevention's latest estimates reveal that more than 21 million persons in the United States have diabetes. A large majority of those have Type two diabetes, which could possibly be reversed through diet and exercise modification.

Alabama, because of its enormous challenge with overweight and obesity, is among the leading states in the nation for diabetes prevalence. Approximately 320,000 Alabamians have diabetes.

Steps to a Healthier Alabama, a program of the Alabama Department of Public Health, Bureau of Health Promotion and Chronic Disease, is one of the many national and local partners, which is striving to reduce the burden of diabetes and diabetes associated complications.

The Montgomery Area Community Wellness Coalition and Steps to a Healthier Alabama River Region, in partnership with Baptist Health Systems, recently conducted a Diabetes Lay Educator (DLE) Training Program to increase knowledge and skills of the Wellness Advocates from the Wellness Coalition who work within communities to assist clients in achieving better diabetes control in order to maintain healthier lifestyles.

Nine advocates who are now designated as Diabetes Lay Educators, attended (6) four-hour training sessions conducted by Certified Diabetes Educators from the Baptist Center for Diabetes. Training sessions included information on diabetes, nutrition, medications, physical activity prevention and treatment of complications, psychosocial adjustment, pregnancy and gestational management of the disease.

Consultant, Becky Jones, RN, a Certified Diabetes Educator for the Montgomery Area Community Wellness Coalition and Steps to a Healthier Alabama River Region, will continue to work with the advocates.

One of the lay educators, said, "The information they had before the training was really basic, but the training that we received was in depth. It will be easy for me to pass on what I learned to my clients with this condition. I am really glad to have had the opportunity to complete the training."

The public is reminded that diabetes may happen to anyone at any age. The condition occurs when the blood glucose from food, often called blood sugar, is too high. The normal range of glucose in the blood is about 70 to 120. Too much glucose in the blood is not good for your health. The hormone insulin, which is made by the



Graduates are pictured above with their trainers. Standing L to R : Lynn Bright (DLE Training Instructor), Monica McCray-Fountain, Valerie Moore, Cheryl Henderson, Ghandi Williams (Wellness Case Management Coordinator), Jessie McMillion, Pam Green (DLE Training Instructor) Seated L to R : LaVonnette Liggett, Brenda McCoy, Victoria Rudolph, Sandra Mooney

pancreas, helps glucose get to the body's cells. If there is not enough insulin, the glucose stays in the blood, causing pre-diabetes or diabetes.

There are three types of diabetes. **Type one** diabetes is also called juvenile diabetes or insulin-dependent diabetes. This form of diabetes is usually found in children and young adults. Their body's beta cells within the pancreas do not make insulin.

Type two diabetes, often called adult-onset diabetes or non-insulin-dependent diabetes, is a condition where the cells do not use insulin properly, and the pancreas then loses the ability to secrete enough insulin in response to meals. This is the most common form of diabetes. Overweight and inactive individuals increase their risk of developing type two diabetes previously referred to as adult onset diabetes.

Type three diabetes, also known as gestational diabetes, occurs in women who are pregnant and who are affected by hormones during pregnancy or a shortage of insulin. Although this develops during the third stage of pregnancy, a woman who has had it is more likely to develop type two diabetes later in life.

Some of the signs of diabetes include frequent thirst, frequent urination, feeling hungry, tiredness, weight loss, sores that do not heal, itchy skin, blurred vision or tingling

Diabetes.....continued on page 4



The Centers for Disease Control and Prevention recognized the department's Diabetes Prevention and Control Program for having met the Healthy People 2010 target of following Division of Diabetes Translation National Objective "Demonstrate success in increasing the percentage of persons with diabetes who receive two or more A1C measures." A certificate was presented Feb. 28 in Atlanta. Shown are, first row, Sandra Langston, Debra Griffin, second row, Gwen Glover, Dr. Jack Hataway, medical director of the Chronic Disease Prevention Division.

Diabetes.....continued from page 3

in the feet. The disease increases the risk for developing blindness, kidney problems, heart disease and stroke.

The Office of Disease Prevention and Health Promotion, US Department of Health and Human Services national Healthy People 2010 goal for Alabama includes reducing Alabama's diabetes death rate by 14.5 percent per 100,000 persons, and increasing to 75 percent or more the percentage of adults aged 18 and older with diabetes who have had a dilated eye exam within the past year.

Ask your doctor to find out if you are affected by diabetes. A simple blood test can indicate whether you have pre-diabetes or diabetes. Dilated eye exams and comprehensive foot exams, as well as glucose monitoring, are important tools for preventing blindness, amputations and other complications of the disease.

About Steps to a Healthier Alabama:

Steps to a Healthier Alabama is funded by the U.S. Department of Health and Human Services as a part of Steps to a HealthierUS, a national program focusing on the prevention of diabetes, obesity and asthma and addressing related risk factors – poor nutrition, physical inactivity and tobacco use and exposure. For more information about Steps to a Healthier Alabama, please visit <http://www.adph.org.steps>

About the Steps to a HealthierUS Cooperative Agreement:

Steps to a HealthierUS Cooperative Agreement is a U.S. Department of Health and Human Services (HHS) program advancing the HealthierUS goal to help Americans live longer, better and healthier lives. Through funding of community-based interventions, this program aims to reduce the burden of diabetes, obesity and asthma, and address three related risk behaviors – poor nutrition, physical inactivity and tobacco use and exposure. For more information please visit www.healthierus.gov/steps.

DISCLAIMER:

This publication is supported by the Steps to a HealthierUS Cooperative Agreement Program of the U.S. Department of Health and Human Services (HHS). Its contents do not necessarily represent the official view of HHS.
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By KYLE REYNOLD

Nation's TB rate is lowest ever recorded

World TB Day, held on March 24 each year, is an occasion for people around the world to raise awareness about the international health threat presented by tuberculosis (TB). It is a day to recognize the collaborative efforts of all countries involved in fighting TB. TB can be cured, controlled, and, with diligent efforts and sufficient resources, eventually eliminated.

The discovery of the TB bacillus was announced in Berlin on March 24, 1882, by Dr. Robert Koch. His discovery was the most important step taken toward the control and elimination of the deadly disease that was killing one out of seven people living in the United States and Europe during the 19th century. In 1982, the first World TB Day was sponsored by the World Health Organization and the International Union Against TB and Lung Disease.

“Many people believe that tuberculosis is a disease of the past, but this is not the case,” said Dr. Donald Williamson, state health officer. “Today in the 21st century, TB is still one of the leading global causes of death from infectious disease, even though it is readily treatable and preventable.”

More than one-third of the global population is infected with the tuberculosis bacterium, and TB disease remains one of the world's leading causes of disease and death. In 2005, a total of 14,093 TB cases were reported in the United States. The overall TB case rate - 4.8 per 100,000 persons - was the lowest rate ever recorded since reporting began in 1953. Alabama reported a total of 216 cases of TB disease in 2005, up only slightly from 211 in 2004.

TB is an airborne disease that can affect the lungs as well as other organs. People who are infected with TB do not always feel sick, have symptoms, or spread the germ unless their infection develops into active TB disease. However, left untreated, each person with active TB can infect, on average, 10 to 15 people every year.

“A simple skin test will show if an individual has come into contact with the tuberculosis bacteria,” explained Pam Barrett, training coordinator and prison liaison for the department's Division of TB

Control. “If the test is positive, further tests can be performed to determine whether exposure has developed into active TB disease.”

People who should receive a TB skin test include the following:

- anyone who has been in contact with someone sick with active tuberculosis,
- residents and employees of nursing homes, homeless shelters, prisons or migrant farm camps
- anyone having HIV infection, or
- anyone who injects drugs and/or shares needles.

TB must be treated immediately with the proper medications and for the correct period of time. If not treated properly, the TB germ may become resistant to the medicine and become more dangerous and difficult to kill.

For more information on tuberculosis, please call the Division of TB Control at 334-206-5330, or visit www.adph.org/tb.

How do avian, pandemic and seasonal flu differ?

A *avian flu* is caused by avian influenza viruses, which occur naturally among birds.

Pandemic flu is flu that causes a global outbreak, or pandemic, of serious illness that spreads easily from person to person. Currently there is no pandemic flu.

Seasonal flu is a contagious respiratory illness caused by influenza viruses.

Definitions from the Centers for Disease Control and Prevention Web site

World Health Day 2006: Working together for health

Health workers - the people who provide health care to those who need it - are the heart of health systems. But around the world, the health workforce is in crisis - a crisis to which no country is entirely immune. The results are evident: clinics with no health workers, hospitals that cannot recruit or keep key staff.

There is a chronic global shortage of health workers, as a result of decades of underinvestment in their education, training, salaries, working environment and management. This has led to a severe lack of key skills, rising levels of career switching and early retirement, as well as national and international migration.

In sub-Saharan Africa, where all the issues mentioned above are combined with the HIV/AIDS pandemic, there are an estimated 750,000 health workers in a region that is home to 682 million people. By comparison, the ratio is 10 to 15 times higher in OECD countries, whose aging population is putting a growing strain on an over-stretched workforce.

Solutions to this crisis must be worked out at local, national and international levels, and must involve governments, the United Nations, health professionals, non-governmental organizations and community leaders.

There is no single solution to such a complex problem,

but ways forward do exist and must now be implemented. For example, some developed countries have put policies in place to stop active recruitment of health workers from severely understaffed countries. Some developing countries have revised their pay scales and introduced non-monetary incentives to retain their workforce and deploy them in rural areas. Education and training procedures have been tailored to countries' specific needs. Community health workers are helping their communities to prevent and treat key diseases. Action must be taken now for results to show in the coming years.

In 2006, World Health Day (celebrated annually on 7 April), will be devoted to the health workforce crisis. On this day around the globe, hundreds of organizations will host events to draw attention to the global health workforce crisis and celebrate the dignity and value of working for health. We invite you to join with WHO and other organizations to celebrate World Health Day 2006. Together, we can make a difference.

Dr. Tim Evans
Assistant Director-General
Evidence and Information for Policy
World Health Organization

Talk show speakers stress behavioral change

Each month dedicated staff appear on WAKA's Midday News program's health segment in Montgomery to discuss relevant health issues and to answer calls from the public. To show our appreciation, *Alabama's Health* would like to recognize these staff members who take the time to participate in this valuable service.

March's guest was Kyle Reynold, Dr.Ed, health educator with the Steps to a Healthier Alabama Program in the Bureau of Health Promotion and Chronic Disease, and Christy Hill, Wellness Coordinator for the South East Alabama Region of the Steps Program. Ms. Reynold and Ms. Hill talked about behavioral changes people could take to reduce the burden of some of the leading causes of

death including heart disease, diabetes, obesity, asthma and cancer.

If you would like to appear on WAKA's Midday News program, please contact Takenya Taylor at 334-206-7026, or by e-mail at ttaylor@adph.state.al.us.

Lead Poisoning: What is Lead?

by Jacqueline Harris, RN/BSN, Nurse Educator

RISK

QUESTIONNAIRE

Does your child receive Medicaid or WIC benefits?

Does child live in or visit a home built before 1978?

Does child live in or visit a home built before 1978 undergoing renovation?

Does child have a sibling or playmate diagnosed with lead poisoning?

Yes to one or more questions = HIGH RISK

Test ALL High Risk Children at 12 and 24 months.



Fix those tired blinds that indicate "no lead added." Do not allow children to chew on tired blinds.



It is important to wash your child's hands especially before meals, snacks and nap.

Lead is a naturally occurring element similar to aluminum and mercury.

Pb is the symbol that represents lead. Inside your body, lead is very poisonous. Lead starts to cause harm when high levels of lead accumulate in the body. Lead is a toxic element resembling metal that can be absorbed by the body. Lead absorption occurs primarily through the lungs and stomach. Lead Poisoning (*Plumbism*) affects the brain and kidneys generally, but can affect other organs and tissues as well. Because of the possibility of permanent impairment, lead poisoning is particularly dangerous during the critical development periods of infants and young children under the age of 7 years. According to research, young children absorb fifty percent of all lead that is ingested, while adults absorb only ten percent. Children with lead poisoning have impaired learning capabilities in almost all cases. If



In Alabama 21,307 children were tested in 2003. Over 500 of these children had a blood lead level over 10 mcg/dL. The ACLPPP believes many more are at risk but are not tested.

children get lead in their bodies, it is very dangerous because their brains are growing. Even long-term exposure to very low levels of lead can harm mental development in children, and has been associated with decreased IQ and behavioral problems. Lead poisoning may result in children experiencing problems with reading and difficulty remembering, thus causing significant problems in school and at home. If lead poisoning is suspected, the patient needs medical attention immediately.

Consider the following sources of Lead:

- ◆ Paint chips
- ◆ Water/ dishes

- ◆ Gardens
- ◆ Toys
- ◆ Pacifiers

Children with lead poisoning are usually asymptomatic. Symptoms that do occur are often subtle and mimic other childhood illnesses.

- ◆ Abdominal pain/cramping
- ◆ Behavior problems
- ◆ Hyperactivity
- ◆ Hearing Problems
- ◆ Headaches
- ◆ Constipation
- ◆ Diarrhea
- ◆ Learning disabilities
- ◆ Decreased appetite and energy
- ◆ Sleeplessness

Very high levels of lead may cause disorders of the brain resulting in vomiting, staggering gait, muscle weakness, seizures, or coma.

Has your child been tested for lead?

For more information on Childhood Lead Poisoning Prevention contact the
Alabama Childhood Lead Poisoning Prevention Program

Alabama Department of Public Health
The RSA Tower, Suite 1350
P.O. Box 303017
Montgomery, Alabama 36130-3017
1-800-545-1098 or 334-206-2966

Commendations

Health department employees who are listed here have received letters of commendation recently. To recognize other employees, please send letters through your supervisors or the state health officer to *Alabama's Health*.

Fran Edwards
Health Marketing

from Tim Hatch
Environmental Services

Jonathan Edwards
Video Communications Division

from Thomas M. Babington, BS Pharm., R.Ph.
Montgomery, Ala.

Lisa Holifield
Bibb County Health Department

from Marilyn Archibald
Tuscaloosa, Ala.

Gary Mackey
EMS and Trauma

from Jesse M. Nelson
Huntsville, Ala.

Agnes Oberkor
Arthur R. Wright
STD Division

from Grace Thomas, M.D.
Montgomery, Ala.

Debbie Williamson
EMS and Trauma

from Jesse M. Nelson
Huntsville, Ala.

Keith Wright
Health Marketing

from Health Promotion and Chronic Disease

Retirees

The following departmental employees have retired recently:

January

Deborah Beard, Computer Systems Center
Mary Cawthon, Computer Systems Center
Sandra Colson, Tuscaloosa County Health Department
Marcelee Gilder, Lee County Health Department
Barbara Lewis, Public Health Area VIII
Charles Mitchell, Public Health Area IX
James Moore, Baldwin County Health Department
Mary Walker, Bureau of Clinical Laboratories
Betty Wheeler, Madison County Health Department

February

Annette Ashley, Jackson County Health Department
Martha Camp, Public Health Area II
John E. Finch, Jr., Shelby County Health Department
Roger Norris, Public Health Area I
Deborah Pennington, Public Health Area IX
Diana Stanton, Escambia County Health Department

March

Alice Dunbar, Baldwin County Health Department
Kaye Thackerson, Tallapoosa County Health Department

Prevent poison-related injuries in children

According to the U.S. Consumer Safety Commission, in 2003 every seven minutes a child under the age of 5 was taken to the hospital due to unintentional poisoning. Most of these poisonings were caused from products commonly found in the home.

Unfortunately, unintentional injury is the number one killer of Alabama's children. But the good news is injuries caused by poisoning can be prevented. Parents can take simple precautions to ensure their children's safety.

The first step is to know which household products are poisonous. There are many products that could cause serious harm. The following is a list of some of the potentially toxic household items:

- Personal care products, including baby oil and mouthwash containing ethanol;
- Cleaning substances, including drain openers and oven cleaners;
- Over-the-counter pain relievers such as ibuprofen, acetaminophen, aspirin, and cold and cough medicines;
- Hydrocarbons, such as lamp oil and furniture polish; and
- Adult strength vitamins and supplements containing iron.

Secondly, keep poisonous products out of children's reach. Many poisonings occur while parents or caregivers are not around or are distracted. Parents should also not rely on child-proof packaging. Putting products away is the safest bet.

Finally, throw away old medicine and cleaning products. Be sure to rinse out containers before placing them in the trash. Discarding old items can help limit the amount of potentially poisonous products in the home.

If your child does come in contact with or ingest

poison, here is what you should do:

- Call for help immediately. The Alabama Poison Center's number is 1-800-462-0800 and the American Association of Poison Control's number is 1-800-222-1222.
- Rinse skin with water.
- Flush eyes with water.

For more information on injury prevention, please visit the Alabama Department of Public Health's Web site at www.adph.org/injuryprevention.

Injury News

Published By

The Alabama Department of Public Health
Injury Prevention Division
Bureau of Health Promotion and Chronic Disease
Carol F. Mysinger, M.Ed., M.P.A.....Director

Funded by a grant from the Law Enforcement and Traffic
Safety Division, Alabama Department of Economic
and Community Affairs

Preparing for Retirement

Secure a Better Tomorrow with RSA-1

One way for public employees in Alabama to increase their personal savings and add to their financial security is by investing in a 457 Deferred Compensation Plan like RSA-1. RSA-1 offers an easy and flexible way to save for retirement while providing tax relief today.

RSA-1 is a tremendous benefit offered to you by the Retirement Systems of Alabama. By contributing pre-tax dollars, a member lowers his or her taxable income and reduces the amount of taxes he or she pays. All RSA members are eligible to participate.

RSA-1 is payroll deductible which makes saving easy and convenient. There is no minimum amount one must contribute each month and the contributions may be increased, decreased or stopped as often as your payroll officer allows. Contributing to RSA-1 is strictly voluntary and absolutely no fees are charged to participants.

On the average, Social Security and a retirement pension will make up less than 60 percent of the total sources needed for a sound retirement income. This makes personal savings extremely important to help members maintain their standard of living once they retire.

An old adage states: "You should always pay yourself first!" This is true and RSA-1 makes it easier than ever before. Members can enroll in RSA-1 at anytime.

To receive more information about RSA-1 and how to enroll contact us by phone at 1-800-214-2158, press 2, then extension 1299; by Email at rsa1info@rsa.state.al.us; or visit our Web site at www.rsa.state.al.us.

On our Web site, please read the Secure a Better Tomorrow with RSA-1 brochure as well as information on the advantages of joining RSA-1 such as the power of

compounding and how to save on taxes. Information on how your RSA-1 funds are invested and how these funds may be distributed to you are also included.

Any agency that would like for RSA-1 to make a presentation about this wonderful savings opportunity should contact Ada Griffin at 1-800-214-2158, extension 1769 or email her at adag@rsa.state.al.us.

Remember: Retirement & the Three-Legged Stool

We encourage you to think of your retirement in terms of a three-legged stool. Each leg of the stool represents a source of your retirement income. The first leg of your stool is your retirement benefit from your employer(s). Your pension benefit is calculated based on your years of service, a benefit factor, and your average final salary.

The second leg of your stool is your Social Security benefit. You can begin receiving a reduced benefit from Social Security as early as age 62.

The third leg of your stool is some type of a personal savings plan. Many retirees find that, with the growing concern over the future of Social Security, a personal savings program is the best way to take control of their future.

Let the RSA-1 Deferred Compensation Plan be the third leg of your retirement stool.

Prepared by the Communications staff of the Retirement Systems of Alabama. To have your questions answered in "Preparing for Retirement", please address them to:

Mike Pegues, Communications
Retirement Systems of Alabama
135 South Union St
P O Box 302150
Montgomery, AL 36130-2150

Leading causes of death in Alabama

H Heart Disease: 12,734, 34.8 per day
Cancer: 9,745, 26.6 per day
Stroke: 2,974, 8.1 per day

Deaths

Oldest Male Decedent: 112

Oldest Female Decedent: 115

Day Most Deaths Occurred: January 8 (181 Deaths)

Day Fewest Deaths Occurred: June 23 (89 Deaths)

*From Vital Statistics At A Glance - Alabama 2004
Published by the Alabama Department of Public Health
Center for Health Statistics - Statistical Analysis Division*

Calendar of Events



April 3

Public Health to the Rescue: Emergency Response is Now a Core Function, 12 noon-1:30 p.m. For more information contact Video Communications, (334) 206-5618.

April 3-9

National Public Health Week. This year's theme is "Designing Healthy Communities, Raising Healthy Kids."



April 6

ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Video Communications, (334) 206-5618.

April 7

World Health Day. This year's theme is Working Together for Health.



April 10

Interpersonal Violence: Indicators, Assessment Tools and Strategies for Treatment, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.



April 19

Lessons Learned: Response to the Chlorine Release in Graniteville, South Carolina, 12 noon-1:30 p.m. For more information contact Video Communications, (334) 206-5618.



April 25

Emergency Support Function 8: Mississippi's Response to Katrina, 12 noon-1:30 p.m. For more information contact Video Communications, (334) 206-5618.



April 26

Diabetes Update: Foot Care and Nutrition (Home Health Aides and Attendants), 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.

April 26

Administrative Professionals Day

May 1-7

Cover the Uninsured Week

May 3-5

50th Annual Alabama Public Health Association Health Education Conference, Radisson Hotel Birmingham. Visit www.alphassoc.org for registration and for more information.

May 6-12

National Nurses Week



May 9

Preparing for the Hurricane Season: Medical Needs Shelters, 2-4 p.m. For more information contact Michele Jones, (334) 206-5655.

Calendar.....continued on page 12



Calendar.....continued from page 11



May 18

Southeastern Pediatric Disaster Response Network, 12 noon-1:30 p.m. For more information contact Video Communications, (334) 206-5618.



May 19

Alabama Safe Routes to School Workshop, 8 a.m.-4 p.m., Holiday Inn, 401 Williams Ave., Huntsville. For more information call Alabama Bicycle Coalition, (256) 536-7190.



May 31

Maintaining A Clean, Safe and Healthy Environment, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



June 7

Public Health Staff Development, 2-4 p.m. For more information contact Michele Jones, (334) 206-5655.



June 20

Parental Involvement, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.



June 21

Home Health Aides/Attendants, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



July 6

ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Video Communications, (334) 206-5618.



July 26

Home Health Aides/Attendants, 2-4 p.m. For more information contact Brenda Elliott, (334) 237-2664, extension 402.



August 2

Public Health Staff Development, 2-4 p.m. For more information contact Michele Jones, (334) 206-5655.